CHECK ONE:		DR-1	OF
☑ This is an initial* Statement of Organization	Reset Form	(Rev. 07/2009)	ORGANIZATION
☐ This is an amended* Statement of Organization		For Office Use	Only 10 UU
*An initial Statement of Organization must be filed within 10 days of the con making expenditures, or incurring indebtedness exceeding \$750. Amendm		Comm. #	1077
a change. Penalties may be imposed for late-filed Statements of Organizat	ion. A candidate with an open	Audited Li	
committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office so	days either a new or amended	Computer /	+ WRS
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	candidate's last name in the name o	f the committee.) If a	mending committee name.
put old name in ().			
Team LOFGREN			
IMPORTANT: Indicate type of committee you are reporting for: 1			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee			
(5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot Issues)			
10 oction board of outer Foliaces outdivision FAO (17) cooks bes			<i>p</i> :
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a	andidate's committee)
Name J J John P. Meineke	Name ↓ ↓ Emily E. Lofgren		8 17
Mailing Address Latcher Road	Mailing Address 1 1 2310 Forest Parkway		8757
City State 1 Lowar 52/61	City, State ↓ ↓ Zip Code ↓ ↓ Muscatine, lowa 52761	•	-557
Phone (563) 263-6088	Phone (563) 260-4601		188
e-Mail meinekejohn@yahoo.com	e-Mail eelofgren@gmail.co	om	3 ON
INDICATE PURPOSE OF COMMITTEE - Check One Box 🛛 Ad	vocate for/against candidate(s)	dvocate for ballot iss	
Comment or description: All Candidates Enter:	County/Local Candidates	dvocate against ball	ot issue(s)
Office Sought: State Representative		and Local Banot Co	illillitaes citter.
Political Party (if applicable) Republican	County:(If active in multiple ballot iss	sue elections, attach	list of counties
District: 80	Date of Election:		
Year Standing for Election: 2010	Date of Election.		Į.
Teal Standing for Election. 2010			
Bank Account Name (must match committee name)	Candidate name & Address or I		
Bank Account Name (must match committee name)	1	Parent Entity (PACs Affiliate, or Sponso	
Bank Account Name (must match committee name) ↓ ↓ Team LOFGREN	↓ ↓		
Bank Account Name (must match committee name) Team LOFGREN Name of Financial Institution/type of Account ↓ ↓	↓↓ Mark S. Lofgren Mailing Address ↓ ↓	Affiliate, or Sponso	
Bank Account Name (must match committee name) ↓ ↓ Team LOFGREN Name of Financial Institution/type of Account ↓ ↓ Central State Bank / Checking	↓ ↓	Affiliate, or Sponso	<u> </u>
Bank Account Name (must match committee name) Team LOFGREN Name of Financial Institution/type of Account ↓ ↓	↓↓ Mark S. Lofgren Mailing Address ↓ ↓	Affiliate, or Sponso	
Bank Account Name (must match committee name) ↓ ↓ Team LOFGREN Name of Financial Institution/type of Account ↓ ↓ Central State Bank / Checking	Mark S. Lofgren Mailing Address ↓ ↓ P.O. BOX 2 1 3 City ↓ ↓ Muscatine, lowa 52761	Affiliate, or Sponso	<u> </u>
Bank Account Name (must match committee name) Team LOFGREN Name of Financial Institution/type of Account Central State Bank / Checking Mailing Address 301 lowa Avenue City State Zip I Zip I Zip I Zip I Zip I Zip L Zip Zip L Zip Zip Zip Zip Zip Zip	Mark S. Lofgren Mailing Address ↓ ↓ P.O. BOX 213 City ↓ ↓	Affiliate, or Sponso	<u> </u>
Bank Account Name (must match committee name) Team LOFGREN Name of Financial Institution/type of Account Central State Bank / Checking Mailing Address 301 lowa Avenue	Mark S. Lofgren Mailing Address ↓ ↓ P.O. BOX 2 1 3 City ↓ ↓ Muscatine, lowa 52761	Affiliate, or Sponso	<u> </u>
Bank Account Name (must match committee name) Team LOFGREN Name of Financial Institution/type of Account Central State Bank / Checking Mailing Address 301 lowa Avenue City State Zip I Zip I Zip I Zip I Zip I Zip L Zip Zip L Zip Zip Zip Zip Zip Zip	Mark S. Lofgren Mailing Address P.O. BOX 213 City Muscatine, lowa 52761 Phone (563) 264-0973	Affiliate, or Sponso	<u> </u>
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Bank Account Name (must match committee name) Team LOFGREN Name of Financial Institution/type of Account Central State Bank / Checking Mailing Address 301 lowa Avenue City	Mark S. Lofgren Mailing Address P.O. BOX 213 City Muscatine, lowa 52761 Phone (563) 264-0973 e-Mail teamlofgren@mach firms the following: at they are subject to the laws in lowa Co	State ↓ ↓ State ↓ ↓	Zip ↓ ↓ 68B and the administrative
Bank Account Name (must match committee name) Team LOFGREN Name of Financial Institution/type of Account Central State Bank / Checking Mailing Address 301 Iowa Avenue City	Mark S. Lofgren Mailing Address P.O. BOX 213 City Muscatine, lowa 52761 Phone (563) 264-0973 e-Mail teamlofgren@mach firms the following: at they are subject to the laws in lowa Coosure reports and that the failure to file the	State ↓ ↓ State ↓ ↓ State ↓ ↓	Zip ↓ ↓ 68B and the administrative ore the required due dates
Bank Account Name (must match committee name) Team LOFGREN Name of Financial Institution/type of Account Central State Bank / Checking Mailing Address Mailing Address State U Zip U Muscatine, Iowa 52761 STATEMENT OF AFFIRMATION: By filing this document the committee affiling in Chapter 351 of the Iowa Administrative Code. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disck subjects the candidate or chairperson (in the case of committees other than a caimposition of other criminal and civil sanctions.	Mark S. Lofgren Mailing Address P.O. BOX 213 City Muscatine, lowa 52761 Phone (563) 264-0973 e-Mail teamlofgren@mach firms the following: at they are subject to the laws in lowa Coosure reports and that the failure to file the andidate's committee) to the automatic andidate's committee to the automatic andidate's committee to the automatic and the subject to the subject to the automatic and the subject to	State State State Affiliate, or Sponso State Affiliate, or Sponso Affiliat	Zip ↓ ↓ 68B and the administrative ore the required due dates enalty and the possible
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FOR INSTRUCTIONS, SEE BACK OF FORM

STATEMENT

OF

FORM